

EXHIBIT 15

- (5) *Sound clinical medical judgment*: Also, the physician making a diagnosis may conclude, in the exercise of his or her sound medical judgment, that he or she has enough information from personal examination, medical records from other healthcare providers, medical history, corroborating evidence from non-family members and other information that medical specialists rely on in their clinical practices, to form a sound medical judgment that the Player's Qualifying Diagnosis conditions existed at a date earlier than the date of a personal examination of the Player by the physician making the diagnosis and signing the Diagnosing Physician Certification Form. The Settlement Class Member is best served by having the doctor who made an earlier diagnosis sign the Diagnosing Physician Certification Form. But there may be situations where the diagnosing physician can pinpoint an earlier date that is based on sound clinical judgment and best medical practices.

Any such diagnosis will be strictly scrutinized in the claims review process. The Claims Administrator may request additional information and/or documents to support the claimed diagnosis date and prevent misrepresentations of material fact in connection with the claim.

100. Which diagnostic criteria must a physician use when making my Qualifying Diagnosis? When and to what diagnoses does the “generally consistent” criteria apply?

The Diagnosis and Review Table shows how this works; click [here](#) to review the Table.

For diagnoses of Level 1.5 and Level 2 Neurocognitive Impairment made in the BAP, Qualified BAP Providers follow the diagnostic criteria set forth in Exhibits 1 and 2.

Diagnoses of Level 1.5 and 2 Neurocognitive Impairment made outside the BAP must show that the evaluation and evidence behind those diagnoses are “generally consistent” with the diagnostic criteria set for Qualified BAP Providers and outlined in Exhibits 1 and 2. Click [here](#) for an FAQ with more information about Level 1.5 and Level 2 diagnoses made by Qualified MAF Physicians

Diagnoses of Alzheimer's Disease, Parkinson's Disease, ALS and Death with CTE are not made in the BAP and are all made following the diagnostic criteria set out in Exhibit 1 (and the “generally consistent” standard does not apply).

101. What does “generally consistent” mean?

Something is “generally consistent with” something else if the two things have more elements or characteristics in common with each other than they have elements or characteristics that differ from each other. The common elements or characteristics must predominate over the uncommon ones.

The Settlement Agreement states specifically that diagnostic criteria for a diagnosis made outside the BAP do not have to be identical to the diagnostic criteria for a diagnosis made in the BAP. The diagnostic criteria, or the medical rules the doctor must follow to make the diagnosis, outside the BAP do not have to be 100% the same as the Exhibit 1 criteria.

With this said, the closer a set of diagnostic criteria match those specified in Exhibit 1, the more “consistent” it will be with Exhibit 1.

A claim based on a Qualifying Diagnosis is most solid when its elements match closely those required in Exhibit 1. For example, where Exhibit 1 requires documentary evidence or a third-party sworn affidavit corroborating functional impairment, or neuropsychological testing, the claim of a Qualifying Diagnosis is most solid when its Claim Package contains documentary evidence or a third-party sworn affidavit corroborating functional impairment and proof of neuropsychological testing that serve the majority of purposes of those specified in Exhibit 1 for the diagnosis and that do not conflict in any manner with those criteria and requirements.

102. What makes a Claim Package complete?

Your Claim Package is complete if it includes these items:

- (a) A filled out Claim Form signed by you;
- (b) A filled out Claim Package HIPAA Form signed by you;
- (c) A Diagnosing Physician Certification Form filled out and signed by the physician who made the Qualifying Diagnosis;
- (d) Medical records reflecting your Qualifying Diagnosis (additional medical records may be requested and/or required by the Claims Administrator or an AAP doctor during the Claim Package review); and
- (e) In the event you want to prove more Eligible Seasons than what the Claims Administrator has already found for you when you registered for the Settlement Program, submit records showing employment or participation in NFL Football.

Reminder: *Make sure the type and date of the Qualifying Diagnosis on your Claim Form matches the diagnosis and the diagnosis date listed on your Diagnosing Physician Certification Form, as well as the date reflected in your medical records.*

Reminder: *If you are examined by a Qualified MAF Physician, you must disclose certain information to that Qualified MAF Physician and/or any neuropsychologist to whom you are referred for testing. If not, your claim will be incomplete, or the Claims Administrator may have to take other actions on the claim.*

103. What can I submit to prove that I have more Eligible Seasons than what the Claims Administrator found for me when I registered?

To prove more Eligible Seasons, submit records to the Claims Administrator showing you earned them. These records may include any game box scores, media reports, game day programs, or other documents that show your participation in NFL Football games. Click [here](#) to see the definitions of Eligible Season and half an Eligible Season and a helpful guide to calculating Eligible Seasons.